

DECLARATION/POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	18117
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required	First Named Inventor	William J. Palmteer
	COMPLETE IF KNOWN		
		Application Number	
		Filing Date	Herewith (October 29, 2003)
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

We believe we are the original, first and joint inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which

is attached hereto

OR

was filed on _____ as United States Application Number _____ or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: Customer Number or Correspondence address below

Name **Driscoll A. Nina, Jr., Esquire**

Address **Tyco Technology Resources**

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City **Wilmington** State **DE** Zip **19808-2952**

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POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Driscoll A. Nina, Jr.	Registration No. 34685
Robert J. Kapelka	Registration No. 34198
Michael J. Aronoff	Registration No. 37770
Salvatore Anastasi	Registration No. 39090
T. Daniel Christenbury	Registration No. 31750
Paul A. Taufer	Registration No. 35703
Frank A. Cesa	Registration No. 38412
Darius C. Gambino	Registration No. 41472
James H. Bowersmith	Registration No. 50533

- [x] I hereby appoint the practitioner(s) associated with Customer Number 035811 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- [] Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Given Name (first and middle if any)

William J.

Family Name or Surname

Palmeier

Inventor's Signature *William J. Palmeier*

Date *10/27/03*

Residence/City: N. Andover

State MA

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Citizenship USA

Mailing Address: 318 Turnpike Street

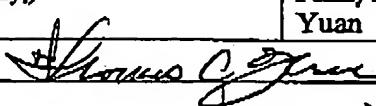
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Inventor's Signature 		Date 10/27/2003		
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NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence/City:		State	Country	Citizenship
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City		State	Zip	Country
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
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Residence/City:		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	Zip	Country

[] Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Thomas		Family Name or Surname Yuan		
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Mailing Address: 8 Bayberry Circle				
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City: Nashua	State New Hampshire	Zip 03062	Country USA	
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:				
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Given Name (first and middle [if any]) Richard		Family Name or Surname Koba		
Inventor's Signature <i>Richard Koba</i>				
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Residence/City: Saugus	State MA	Country USA	Citizenship USA	
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NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:				
<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				
Date				
Residence/City:	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:				
<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				
Date				
Residence/City:	State	Country	Citizenship	
Mailing Address				
Mailing Address				
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[] Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02.A attached hereto.

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